



State of New Hampshire Employee and Retiree Health Benefit Program

Prescription Drug Benefits Booklet



January 1, 2013

Your Pharmacy Benefit

Local Government Center HealthTrust (LGC HealthTrust), in coordination with CVS Caremark, administers the State of New Hampshire's employee and retiree prescription drug benefits.

- This plan has no pharmacy deductible or co-insurance.
- This plan is subject to a "Drug List." This is a list of prescription drugs that are preferred by CVS Caremark because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis.
- Copayments are the amount paid by you for each prescription, or authorized refill. The copayments for each category provided below are based on a single prescription, or refill. Each prescription shall not exceed a ninety (90) day supply for the Mail Service Program and a thirty-one (31) day supply for the Retail Pharmacy Program. This is subject to exceptions for certain pre-packaged drugs with greater than a 31-day supply which may require multiple copayments, certain controlled medications.

Active Employees

Retail Pharmacy Program

Generic Drugs	\$10 copayment
Preferred Brand-Name Drugs	\$25 copayment**
Non-preferred Brand-Name Drugs	\$40 copayment**
Contraceptives, Devices, Emergency Contraception	\$0 copayment

Mail Service Program

Generic Drugs	\$1 copayment
Preferred Brand-Name Drugs	\$40 copayment**
Non-preferred Brand-Name Drugs	\$70 copayment**
Contraceptives, Devices, Emergency Contraception	\$0 copayment

Annual Out-of-Pocket Maximum

Individual	\$750 per person per calendar year
Family	\$1,500 per family per calendar year

Retirees

Retail Pharmacy Program

Generic Drugs	\$10 copayment
Preferred Brand-Name Drugs	\$20 copayment**
Non-preferred Brand-Name Drugs	\$35 copayment**
Contraceptives, Devices, Emergency Contraception	\$0 copayment

Mail Service Program

Generic Drugs	\$1 copayment
Preferred Brand-Name Drugs	\$40 copayment**
Non-preferred Brand-Name Drugs	\$70 copayment**
Contraceptives, Devices, Emergency Contraception	\$0 copayment

Annual Out-of-Pocket Maximum

Individual	\$500 per person per calendar year
Family	\$1,000 per family per calendar year

****When a generic equivalent is available but the retail pharmacy or CVS Caremark's Mail Service Pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or similar instructions, you will pay the generic copayment **plus** the difference in cost between the brand-name and the generic. When your doctor recommends the brand-name only for treatment and includes the necessary instructions, you will pay only your brand-name copayment.**

What is Covered

Covered drugs, which under New Hampshire or federal law, require a prescription and are designated as part of the plan design outlined below. Excluded from covered drugs are: (i) cosmetic drugs; (ii) appliances, devices, bandages, heat lamps, braces, splints, and artificial appliances; and (iii) health and beauty aids, cosmetics, and dietary supplements, unless otherwise required by New Hampshire or federal law, and is a prescription drug provided through CVS Caremark.

All State of New Hampshire plan design options cover the following:

- State-restricted drugs
- Compound medications
- Diabetes supplies, including insulin syringes
- Insulin by prescription only
- Federal legend drugs, including:
 - Cardiovascular drugs
 - Anti-infectives
 - Dermatological therapies
 - Ear, nose, and throat medications
 - Ophthalmology drugs
 - Respiratory, allergy, cough, and cold medications
 - Oral diabetes drugs
 - Growth hormones and injectables
 - Contraceptives and devices
- Emergency contraception medications (prescription and OTC)
- Immunizing agents
- Tobacco cessation medications, including over-the-counter products

Certain controlled substances, and other prescribed medications, may be subject to dispensing limitations and to the professional judgment of the pharmacist. Prescriptions for certain controlled substances may be shipped under separate cover.

What is Not Covered

All plan design options exclude coverage for the following:

- Therapeutic devices or appliances
- Anti-Obesity medications
- Non-federal legend drugs, except insulin
- Drugs labeled "Caution—Limited by Federal Law to Investigational Use," or experimental drugs, regardless of whether a charge is made to the member
- Medication for which the cost is recoverable under any workers' compensation or occupational disease law or any state or government agency, or medication furnished by any other pharmaceutical or medical service for which no charge is made to the member
- Medication taken or administered to the member while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home, or similar institution that operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals

- Any prescription that has reached the maximum number of refills specified by the physician, or any prescription that is more than one year old

Your Pharmacy Options

Mail Service Program

All enrollees are offered the option of having their maintenance or long-term medications (those taken for 3 months or more) delivered to their home or other location. Medications are dispensed by CVS Caremark pharmacists through its network of mail service pharmacies.

Mail Service Program Basics

- You may obtain up to a 90-day supply (compared with a typical 31-day supply at retail) of each covered medication for one mail service copayment. Registered pharmacists are available 24 hours a day, 7 days a week.
- Order refills online, by mail, or by phone—anytime day or night. To order online, register at www.caremark.com. Refills are usually delivered within 7 days after your order is received.
- Choose a convenient payment option—check, money order, credit card, Health Reimbursement or Flexible Spending Account debit cards. CVS Caremark's Bill Me Later® feature is also available, a secure way to pay for your prescriptions and similar to a credit card.
- Standard shipping is free.
- You can request Automatic Refills online at www.caremark.com or by calling CVS Caremark at 1.888.726.1630.
- When it is time for you to renew your prescription (usually after one year), you can choose to obtain a new prescription from your doctor directly or request the Automatic Renewal feature and CVS Caremark will reach out to your doctor for you.

How to initiate the Mail Service Program

When using the Mail Service Program, you should ask your doctor to write a prescription for up to a 90-day supply of each medication (plus refills for up to 1 year, if appropriate). If you are currently taking a medication, be sure to have at least a 14-day supply on hand when ordering. If you do not have enough, ask your doctor to give you a second prescription for up to a 31-day supply to fill it at a participating retail pharmacy while your mail order prescription is being processed.

You may also request by phone that CVS Caremark contact your doctor directly to submit a prescription to the Mail Service Program on your behalf by calling 1.800.875.0867. Be sure to have your identification number located on your CVS Caremark prescription card, doctor's name and medication name available at the time of your call.

You may also have your doctor fax your prescriptions. Ask your doctor to call 1.800.378.5697 for faxing instructions.

You can expect new prescriptions to arrive 7-10 calendar days after CVS Caremark receives your order. Refills are usually delivered within 7 days following CVS Caremark's receipt of your refill request.

You are encouraged to register online. To register, visit www.caremark.com and click on the "Not registered yet?" icon on the home page. You will fill out a brief registration form to ensure the security and privacy of your account. You will also be prompted to create a username and password (choose ones you will remember for logging on in the future). Once you have reviewed all the information you have entered and make any necessary changes you will need to read and accept the CVS Caremark

terms and conditions. Once this is complete a “registration confirmed” message should appear. You are then all set to begin utilizing the online services outlined below.

- Review benefit plan highlights
- Learn about medications and interactions
- Compare brand-name and generic drug prices
- Obtain order forms, claim forms, and envelopes
- Request mail order refills
- Check the status of mail orders
- Check and pay mail order account balances
- Locate a participating retail pharmacy

Mail Service Program Copayments

You will be responsible to pay the applicable copayment to CVS Caremark for each prescription or authorized refill dispensed by CVS Caremark under the Mail Service Program as provided in the applicable plan design option. In those instances where your copayment would otherwise be greater than the pricing for any drug covered, you will pay the lower price. CVS Caremark may suspend the Mail Service Program services to you if you are in default of any copayment amount due.

Mail Service Program pharmacies will dispense covered prescription drugs to you, and dispense generic drugs when authorized, in accordance with applicable laws and regulations in the state in which the Mail Service Program pharmacy is located. All matters pertaining to the dispensing of covered drugs or the practice of the pharmacy in general are subject to the professional judgment of the dispensing pharmacist. Any drug that cannot be dispensed in accordance with the manufacturer, or regulatory protocols, may be excluded from coverage by CVS Caremark.

Certain Limits

CVS Caremark’s Mail Service Program Pharmacies will not be required to dispense prescriptions for greater than a 90-day supply of covered drugs per prescription or refill, subject to the professional judgment of the dispensing pharmacist, limitations imposed on controlled substances, and the manufacturer’s recommendations. Prescriptions may be refilled provided it is stated in the prescription.

Prescriptions will not be filled: (i) more than twelve (12) months after issuance; (ii) more than six (6) months after issuance for controlled drug substances; or (iii) if prohibited by applicable law or regulation.

Retail Pharmacy Program

- You may obtain up to a 31-day supply of covered medication for each prescription or refill.
- You can use a participating retail pharmacy for short-term prescriptions (such as antibiotics to treat infections) or other non-maintenance medications (such as sleep agents and pain relief). Be sure to show your prescription drug identification card to the pharmacist and pay your retail copayment for each prescription.
- You may fill maintenance or long-term prescriptions at the retail pharmacy for up to three fills (one initial fill plus two refills). For additional fills, the plan requires you to fill maintenance or long-term prescriptions through the mail service program. If you choose to fill your maintenance or long-term prescriptions at the retail pharmacy after the three fills allowed by the plan, you will be responsible for 100% of the medication’s cost unless you elect to opt-out of mail service (please see Mail Order Opt-Out Program explanation below).

At the point of sale, you will be responsible to pay the applicable copayment for each prescription or authorized refill dispensed under the Retail Pharmacy Program as provided in the applicable plan design option. At the point of sale, your payment will not be greater than the Usual and Customary (U & C) price of the participating pharmacy. The U & C price means the usual and customary retail price charged by a participating pharmacy to individual retail customers in the ordinary course of business for a prescription or refill. In those instances where your copayment would otherwise be greater than the U & C Price of the participating pharmacy, you will pay only the U & C cost.

Participating pharmacy means a retail pharmacy that has entered into an arrangement with CVS Caremark to participate in CVS Caremark's Network. The network of participating pharmacies that comprises CVS Caremark's network may be modified from time to time.

A non-participating pharmacy is a licensed retail pharmacy that is not a participating pharmacy. If you use a non-participating retail pharmacy, you must pay the entire cost of the prescription and then submit a reimbursement claim to CVS Caremark by completing the CVS Caremark Prescription Reimbursement Claim Form. When you use a non-participating pharmacy, you will be reimbursed the amount the drug would have cost at a participating retail pharmacy, minus your retail copayment.

To find a participating retail pharmacy near you:

- Log-on to www.caremark.com
- Ask at your retail pharmacy whether it participates in the CVS Caremark network.

Mail Order Opt-Out Program

Your plan includes the Mail Order Opt-Out Program. The Mail Order Opt-Out Program is designed to provide more flexibility in situations where mail service requirements create an undue hardship. The program provides you with the choice to fill maintenance or long-term prescriptions through CVS Caremark's Mail Service Pharmacy or at a retail pharmacy location.

If you elect to opt-out of the mail service program:

- You will not be subject to the plan's requirement to fill maintenance or long-term prescriptions through mail service after three fills (one initial fill plus two refills) at the retail pharmacy.
- You may only receive up to a 31-day supply at a retail pharmacy.
- You will pay the plan's retail copayment.
- To opt-out of the plan's requirement to fill maintenance or long-term prescriptions through mail service after three fills at the retail pharmacy, call CVS Caremark toll-free at 1.888.726.1630 and provide your identification number located on your prescription drug card. Spouses and dependent children age 18 and older should call separately to opt-out.
- You can still choose to fill your prescriptions through mail service, even if you elect to opt-out.
- Obtain new prescriptions for medications you wish to fill at a retail pharmacy.
- Cancel your automatic refills or renewals at www.caremark.com or at the time of your opt-out call if you do not want them to continue.

The opt-out feature does not apply to specialty medications. Specialty prescriptions are provided through CVS Caremark's Specialty Pharmacy (please see CVS Caremark's Specialty Pharmacy Program explanation below).

CVS Caremark's Specialty Pharmacy Program

CVS Caremark's Specialty Pharmacy is a mail order facility dedicated to dispensing specialty medications. Some conditions, such as multiple sclerosis, Hepatitis C, rheumatoid arthritis, cystic fibrosis, infertility, pulmonary hypertension, RSV prophylaxis, Gaucher disease, and growth hormone deficiency, are treated with specialty drugs. Specialty drugs means those pharmaceutical products that are generally

biotechnical in nature, with many requiring injection, or other non-oral methods of administration, and that have special shipping or handling requirements. CVS Caremark's Specialty Pharmacy provides the following, with respect to specialty drugs:

- Access to nurses who are trained in specialty medications
- Answers to your questions about specialty medications from a pharmacist 24-hours a day, 7-days a week
- Coordination of care between you and your doctor
- Convenient delivery directly to you or your doctor's office
- Medication and disease-specific education and counseling

All specialty medications will be provided by CVS Caremark's Specialty Pharmacy and require Prior Authorization. If you are prescribed a specialty medication you should contact CVS Caremark's Specialty Pharmacy at 1.800.237.2767. Emergency or urgent supplies may be filled at the retail pharmacy only by contacting CVS Caremark's Specialty Pharmacy at 1.800.237.2767.

Your copayments are determined by the day supply dispensed for specialty prescriptions. If your prescription is filled monthly or more frequently, the retail pharmacy copayment will apply. If your prescription can be filled for up to a 90-day supply if appropriate, the mail service copayment will apply.

For additional information, call the CVS Caremark at 1.800.237.2767.

Other Important Pharmacy Program Information

The Generic Drug Advantage

Generic drugs may have unfamiliar names, but they are safe and effective. Generic drugs and their brand-name counterparts:

- Have the same active ingredients
- Are manufactured according to the same federal regulations

Generic drugs may differ in color, size, or shape. However, the U.S. Food and Drug Administration requires that the active ingredients have the same strength, purity, and quality as the brand-name alternatives. Prescriptions filled with generic drugs often have a lower copayment. Therefore, you may be able to obtain the same health benefits at a lower cost. You should ask your doctor, or pharmacist, whether a generic drug would be right for you. You may be able to receive the same high-quality medication and reduce your expenses.

Medications Preferred By Your Plan Design

The State of New Hampshire's pharmacy plan includes a list of prescription drugs that are preferred by CVS Caremark because of their safety, clinical effectiveness and ability to help control prescription drug costs. This drug list has a wide selection of generic and brand-name medications that have been evaluated for inclusion. The drug list may be modified by CVS Caremark from time to time as a result of factors including, but not limited to, medical appropriateness, manufacturer rebate arrangements, and patent expirations. CVS Caremark implements formulary management programs, which may include cost containment initiatives, communications with you, participating pharmacies and/or physicians (including communications regarding generic substitution programs), and financial incentives to participating pharmacies for their participation.

For additional information visit CVS Caremark at www.caremark.com, or call CVS Caremark toll-free at 1.888.726.1630.

Brand-Name Medications Requiring Use of a Generic First

Your plan requires using a generic alternative medication for certain brand-name medications first unless you have tried a generic. Brand-name medications will be covered under your plan if your prescription history shows within a specific time period that you have tried a generic alternative.

Always talk with your doctor to determine if the generic alternative is appropriate for you. If your doctor determines the generic is not effective for you because of a medical condition or allergy, or you have tried the recommended generic alternative in the past with unsuccessful results, ask your doctor to contact CVS Caremark at 1.877.203.0003 to request a Prior Authorization (PA). If the PA is approved, the brand-name medication as prescribed by your doctor will be covered and you will pay your applicable brand-name copayment. If the PA is not approved, you will pay the full cost of the brand-name medication or you can consider changing to an alternative generic upon further discussions with your doctor. Please note the additional cost you pay will not apply toward your calendar year out-of-pocket maximum.

Prior Authorization Requirements

Your plan requires prior authorization for the following prescription medications. For example, prescription medications used for cosmetic purposes will not be covered by the plan.

- Erythroid stimulants
- Injectable Fertility agents (except Oral Fertility Medications)
- Growth hormones
- Interferon agents
- Multiple sclerosis agents
- Myeloid stimulants
- Platelet Proliferators
- Injectable Rheumatoid Arthritis Agents
- Xolair
- Raptiva
- Tysabri
- Apokyn
- Wellbutrin and its generics
- Botox and Myobloc for non-cosmetic purposes

If you submit a prescription for a medication that requires prior authorization, your pharmacist will tell you that approval is needed before the prescription may be filled. The pharmacist will give you, or your doctor, the toll-free number 1.800.626.3046 to call. If you use the Mail Service Program, your doctor will be contacted directly. When a prior authorization is triggered, more information is needed to determine whether your use of the medication meets your plan's coverage conditions. You and your doctor will be notified of the decision in writing. If coverage is approved, the letter will indicate the amount of time for which coverage is valid. If coverage is denied, an explanation will be provided, along with instructions on how to submit an appeal.

Quantity Limits

Your plan includes quantity limits for certain medications limiting the amount of medication for which your plan will pay. Quantity limits help to ensure you receive your medications in amounts approved by the U.S. Food and Drug Administration to safely and effectively treat your condition(s). It helps to address patient safety concerns and prevent potential for abuse and misuse. To verify if the medication being

prescribed by your doctor has a quantity limit visit CVS Caremark at www.caremark.com or call CVS Caremark toll-free at 1.888.726.1630.

The limits do not prevent you from obtaining additional quantities as prescribed by your doctor. Your plan will pay for additional quantities if your doctor documents that they are clinically appropriate for treatment. If your prescription exceeds the quantity limits allowed by the plan, talk with your doctor to determine what quantities are effective for treatment. Ask your doctor to call CVS Caremark at 1.800.626.3046 to request a Prior Authorization (PA) if he/she determines additional medication is appropriate. If the PA is approved, the additional quantity as prescribed by your doctor may be obtained and you will pay the applicable copayment for the additional medication. If the PA is not approved, you will pay 100 percent of the cost for the additional quantities if you choose to obtain the additional supply at a retail pharmacy location. Please note the additional cost you pay will not apply toward your calendar year out-of-pocket maximum.

Tobacco Cessation Coverage

Your plan provides coverage for tobacco cessation prescriptions and over-the-counter (OTC) medications. You may purchase tobacco treatment medications to help you quit using U.S. Food and Drug Administration approved tobacco products. Covered dependents age 17 and younger are not eligible for these medications.

Discuss your desire to stop using tobacco products and treatment options with your doctor. Ask if prescription or OTC medications would help with your quit attempt. If so, ask for a prescription from your doctor to fill at your local retail pharmacy or through CVS Caremark's Mail Service Pharmacy. OTC medications (patch, gum and lozenge) will only be covered if a health care provider has written a prescription for you. The same copayments apply to tobacco cessation prescriptions or over-the-counter medications as all other prescription copayments.

Pharmacy Advisor and Gaps in Care Programs

The Pharmacy Advisor and Gaps in Care Programs provide you and your doctor with personalized information through pharmacy-focused management of chronic conditions. The objective is to help close gaps in care, avoid medical complications, improve quality of care, and to provide education about the importance of medication adherence to influence positive behavior change. The programs primarily focus on diabetes, cardiovascular disease and osteoporosis prevention.

Dedicated Pharmacy Advisors are assigned to provide:

- Guidance to help you stay on track with taking medication(s).
- One-on-one advice and counseling.
- Assurance that you are receiving the best possible treatment.
- Coordination of the best care through contact with your doctor.
- Referrals to disease management programs through your health plan.
- Refill reminders.

Questions about the program? Call 1.866.624.1481.

Appeal Procedures

CVS Caremark's Internal Review Appeal Process

There are two types of internal appeals that may be submitted through a first or second level appeal request:

- Administrative – These are benefit coverage decisions that are strictly based on the Plan’s benefit design. These appeals do not require additional information to be obtained from the prescribing doctor, but may require additional information from you.
- Clinical – These are benefit coverage decisions that are based on the plan’s prior authorization requirement and require additional information to be obtained from the prescribing doctor, such as clinical records or medical history information.

Once you are notified that a claim is denied in whole or in part, you have the right to appeal. Requests appeals need to be received within 180 days of the initial denial. Appeals must be submitted in writing. Acceptable submission methods include fax or mail directly to CVS Caremark. All administrative and clinical appeals are reviewed according to the plan design provisions and a decision will be mailed within 15 business days of receipt of a written request by CVS Caremark for pre-service claims and within 30 days for post-service claims. Urgent pre-service claims will be processed within 72 hours from the receipt of the inquiry by CVS Caremark.

Independent (External) Review Appeal Process

You have the right to an Independent (External) Review Appeal of an “Adverse Benefit Determination”. An “Adverse Benefit Determination” is a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for a plan benefit, and may apply to both clinical and non-clinical determinations. To request an Independent (External) Review Appeal, you must have exhausted CVS Caremark’s Internal Review Appeal process described above.

CVS Caremark contracts with Independent Review Organizations (IRO) that has a network of medical experts that review your coverage denial. The request may be made by you or your authorized representative by submitting supporting documentation, such as clinical records or medical history information. You must submit your request within four months after receiving the notice stating the results of your first and/or second level appeal request. The IRO will provide you and CVS Caremark (on behalf of the plan) with written notice of its final external review decision within 45 days after the IRO receives the request. You may also request an expedited Independent (External) Review and it will be conducted as quickly as possible.

A benefit determination made pursuant to the Independent (External) Review Appeal is binding on both the plan and you, except to the extent that other remedies may be available to you under either State or Federal law. For instance, if your claim is again denied following the Independent (External) Review Appeal, you may still be able to bring a claim in court to contest that decision.

How to File an Appeal Request

You can submit all appeal requests by faxing to CVS Caremark at 1.866.689.3092, or in writing to:

CVS Caremark, Inc.
Attention: Appeals Department
MC 109
PO Box 52084
Phoenix, AZ 85072-2084

Coordination of Benefits

If any covered dependents have primary prescription drug coverage through another employer-sponsored plan or Medicare, you have the ability to submit deductibles, copayments, or co-insurance not covered by the primary plan for reimbursement under this plan. Reimbursement will be provided for covered drug as outlined in the “What is Covered” section of this Benefits Booklet and subject to any plan design

limitations. Reimbursement should be requested by completing the CVS Caremark Prescription Reimbursement Claim Form and submitting to:

LGC HealthTrust
Attention: Enrollee Services
PO Box 617
Concord, NH 03302

General Information

- **CVS Caremark Customer Care**

CVS Caremark Customer Care is available 24-hours a day, 7-days a week (except Thanksgiving and Christmas) by calling toll-free 1.888.726.1630 or by email at customerservice@caremark.com. CVS Caremark's Customer Care Representatives will:

- Answer questions about your prescriptions or plan coverage
- Check the status of prescription mail orders and refills
- Help you find a participating retail pharmacy
- Send you order forms, claim forms, benefit coverage request forms and envelopes
- Order replacement Identification Cards

- **LGC HealthTrust**

LGC HealthTrust's Enrollee Services Department is available Monday through Friday from 8:30 a.m. to 4:30 p.m. by calling 1.603.224.7447 or toll-free 1.800.527.5001. Enrollee Services Representatives will:

- Confirm enrollment or eligibility status
- Answer questions about your prescriptions or plan coverage
- Help you find a participating retail pharmacy
- Send you order forms, claim forms, benefit coverage request forms and envelopes
- Order replacement Identification Cards

- **Accessing CVS Caremark's Telecommunications Device (TDD)**

TDD assistance is available for hearing-impaired members by calling 1.800.231.4403.

- **Ordering Prescription Labels Printed in Braille**

Braille labels are available for mail order prescriptions by calling 1.888.726.1630.

- You can also learn more about your prescription benefits through the State of New Hampshire's website at <http://admin.state.nh.us/hr/benefits.html>.

Other Things You Should Know

- **Drugs and your safety**

The risks associated with drug-to-drug interactions and drug allergies can be very serious. CVS Caremark will check for potential interactions and allergies, whether you use the Mail Service Program or the Retail Program. CVS Caremark will also send this information electronically to participating retail pharmacies.

- **CVS Caremark may contact your doctor about your prescription**

If you are prescribed a drug that is not on the preferred drug list but an alternative preferred drug exists, CVS Caremark may contact your doctor to ask whether that drug would be appropriate for you. Please be assured that your doctor will always make the final decision on all your medications. If your doctor agrees to use a plan-preferred drug, you will generally save money.

- **LGC HealthTrust and CVS Caremark protect your privacy**
Because your privacy is important, LGC HealthTrust and CVS Caremark comply with federal privacy regulations. They use health and prescription information about you and your dependents only to administer the State of New Hampshire's prescription drug plan and to fill your mail order prescriptions.

If you are a retiree enrolled in the POS or PPO plans, this notice applies to you:

Notice About the Early Retiree Reinsurance Program

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014. Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, copayments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families. If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.